

**COUNTY OF YELLOW MEDICINE  
APPLICATION FOR COMMITTEE/BOARD APPOINTMENT**

**TO:** Chairman and County Board Members

I am interested in serving on the \_\_\_\_\_  
Board/Committee and submit the following information for your consideration.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Telephone Number: (Home) \_\_\_\_\_ (Work) \_\_\_\_\_

(Cell) \_\_\_\_\_

E-mail: \_\_\_\_\_

**EDUCATION:**

Post High School

Course/Degree

Years Attended

\_\_\_\_\_

\_\_\_\_\_

**WORK EXPERIENCE:** (List last position first)

Employer

Location

Position (Title)

Years Employed

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please give your reason (s) why you would like to serve on the Committee/Board you have indicated:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Signature

**Note:** Please return this application to the Yellow Medicine County Administrator, 180 8<sup>th</sup> Ave., Granite Falls, MN 56241 no later than 4:00 p.m. on November 21, 2014.